

# Enhancing Transgender Health Care

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## ABSTRACT

As awareness of transgender men and women grows among health care educators, researchers, policymakers, and clinicians of all types, the need to create more inclusive settings also grows.

Greater sensitivity and relevant information and services are required in dealing with transgender men and women. These individuals need their identities to be recognized as authentic, they need better access to health care resources, and they need education and prevention material appropriate to their experience.

In addition, a need exists for activities designed to enhance understanding of transgender health issues and to spur innovation. (*Am J Public Health*. 2001;91:869–872)

Transgender health issues are beginning to come to the attention of many health practitioners and researchers. In fact, the desire to improve the treatment experienced by transgender individuals led the American Public Health Association to pass a resolution on transgender health issues during its 1999 annual meeting.<sup>1</sup> Acknowledging health care discrepancies is only a start, however. To provide much-needed services to this population, researchers, educators, and health care professionals of all types need concrete, comprehensible information about transgender individuals.

Gender variations have been documented for many years. Generally, female-to-male gender transgression has been described as resulting from the inequality found between women and men and women's desire for status and resources, whereas male-to-female transgression has been explained as resulting from the need to express an inner desire or has been eroticized.<sup>2</sup> More recent explanations have been based on the medical model.

The term *transvestite* was used early in the 20th century to describe people (primarily men) who dress in women's clothing for their own interests (usually erotic).<sup>3</sup> Later, *transsexualism* (listed as gender identity disorder in the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*<sup>4</sup>) was used to describe a population of individuals whose feelings concerning their gender involved more than a desire to dress in a particular set of clothes and a stronger identification with gender values contrary to societal expectations.<sup>5</sup>

*Transgender* was originally used to differentiate those who seek medical intervention in changing their gender from those who do not; however, this term later changed to encompass a range of possible identities and behaviors, including transvestitism and transsexualism (the way in which *transgender* evolved in usage has not been examined fully). Currently, *transgender*, *transvestite*, and *transsexual* are at times used interchangeably to describe individuals whose identities and social lives are very similar. It is likely, however, that many people will not fit into traditional conceptions of transvestite, transsexual, or transgender.

The use of terminology has not been consistent across time and among writers. The meaning of such terms varies among individuals as well, and as a result there is little understanding of what people mean when they say they are transgender or transsexual. For

the sake of uniformity within this commentary, however, the label *transgender* is used in a global sense, encompassing transvestites, transsexuals, and self-identified transgender individuals.

Generally, people can be categorized across 4 characteristics: biological sex, legal-institutional sex, social gender, and psychologic gender. *Biological sex* is usually determined by people's genitals but can encompass other factors such as chromosomes, hormonal makeup, secondary sex characteristics, and other physiologic variations. Furthermore, there are intersexed conditions that can create problems in regard to categorizing infants as male or female (e.g., children born with ambiguous genitalia, androgen sensitivity syndrome). These children may undergo surgical intervention so that their genitals more clearly resemble those found on traditionally male or female children.

*Legal-institutional sex* refers to people's designation on identification, forms, and even questionnaires. There may be ways for people to change their legal-institutional sex; frequently this requires some sort of professional intervention (i.e., needing to submit a letter from one's surgeon to change one's birth certificate). However, different areas of the country (and across the world) have different regulations allowing for such changes.

*Social gender* refers to how people present themselves in public: the clothing they wear, their hairstyle, their physical characteristics, even how they act and talk. Different cultures have different ways of explaining and dealing with gender variance; some Native American cultures refer to *two-spirit people* (aspects of both genders), and Hindu cultures include *hidras* (neither man nor woman). Social gender can also be influenced by medical interventions used to change aspects of people's appearance. Many people go to great lengths to change aspects of their appearance (some of which is necessary to change their legal sex). In addition, individuals may be consistent or inconsistent in their gender presentation. People may have an inconsistent social gender because one aspect of their gender is used for performances, fun, or even sexual behavior.

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*Psychologic gender* refers to a person's self-identification as a man or a woman. However, these may not be the only options. Again, different cultures may allow for other alternatives in the way people identify themselves. In addition, individuals may create alternative identities. Some people who are part of a "queer" or "alternative" subculture may use identities other than simply man or woman.<sup>6</sup>

The preceding is only a short summary of the factors that can be used to describe sex and gender and to understand the ways in which they can vary. There are many other factors that can influence people, some of which have already been mentioned. Race, ethnicity, or culture can influence how people identify themselves and the social roles that they desire or have access to. Similarly, a person's area of residence can involve variations in how sex is institutionalized and how legal sex can be changed.

Finally, the resources available to people can influence their ability to pay for medical interventions in addition to other strategies used to change their social gender or legal sex (or both). It is not enough to know the definitions of labels (e.g., What is a cross-dresser? What is a transsexual?); it is more important to know that aspects of a person's gender and physical form can vary widely and be influenced by different factors. Health care educators, researchers, policymakers, and clinicians need to know that transgender individuals can vary widely but that, in general, all are still at risk for problems in accessing and receiving health care.

## Health Care Issues

Transgender individuals are likely to experience some form of discrimination or violence sometime in their lives. A study of transgender individuals within the United States showed that approximately 60% had experienced some form of harassment or violence and that 37% had experienced some form of economic discrimination.<sup>7</sup> In addition, focus group research conducted in San Francisco showed that among transgender persons, a street lifestyle, lack of education and job opportunities, and low self-esteem all contributed to drug and alcohol abuse.<sup>8</sup>

Increasing evidence demonstrates that the rate of HIV infection among transgender women is high and that in California the risk of infection may even surpass that for bisexual and homosexual men.<sup>9-12</sup> Reported seroprevalence rates exceed 20% and have been shown to be as high as 60% among African Americans. Many transgender women (i.e., male to female) are at risk primarily because of risky sexual behaviors, but sharing needles

during the injection of hormones or drugs is also a risk factor.<sup>8-11</sup> These individuals may be difficult to target through traditional prevention campaigns, and they may fear discrimination should they seek services such as HIV/AIDS education and testing.<sup>13,14</sup> Insensitivity of health care professionals has been cited as a reason that these and other services are not accessed.<sup>15</sup> Indeed, reports of insensitive behavior among health care providers (e.g., referring to transgender women as "he" and "him" and not acknowledging or respecting their identity) suggest that services are severely lacking in terms of provision of culturally sensitive interventions and, potentially, provision of HIV-related health care.<sup>13,14</sup>

Health care service providers have found that helping transgender individuals obtain the services they need (e.g., substance use treatment, housing, health care) is difficult because other service providers may not want to work with transgender clients.<sup>15</sup> Furthermore, lack of sensitivity on the part of health care providers who do not respect the expressed gender identity of transgender persons can adversely influence whether these individuals will access and stay in treatment.<sup>14,16,17</sup>

Transgender persons may be resistant to seeking help because other transgender individuals have reported past discriminatory treatment on the part of service providers. Focus group research conducted in San Francisco and Minneapolis has shown evidence of discrimination against transgender men and women within HIV/AIDS programs.<sup>13,14</sup> Many programs are not sensitive to the needs of transgender individuals.<sup>13,14</sup> Furthermore, studies have shown that doctors have somewhat negative opinions of transsexual women.<sup>18,19</sup> Overall, individuals who do not conform to traditional conceptions of sex and gender are likely to be at risk for many health-related problems, including, unfortunately, discrimination within the treatment setting.

## Access to Care

Often, transgender people have 2 different sets of health care providers: one involved with gender transition and one involved with regular health care visits. In addition to the problems experienced by transgender men and women within health care settings, traditional health care plans (public and private) do not cover the costs related to changing one's gender, leaving people to find other ways to fund their transition from one gender to another.<sup>20</sup>

Individuals both within and allied to the transgender community believe that the standards of care imposed by the Harry Benjamin International Gender Dysphoria Association

are regarded as authoritative by providers but as restrictive by many clients.<sup>21,22</sup> In addition, these guidelines have given rise to small groups of "experts" within specific areas whose services are sought by all transgender persons wishing to medically change their gender; those living in isolated areas may not have ready access to such "experts" and may have to find other ways to go about their transition. Current constraints on access to medical care related to gender changes may place people at risk by forcing them to seek unsafe methods of making these changes (e.g., using hormones bought off the street, sharing needles while injecting hormones).

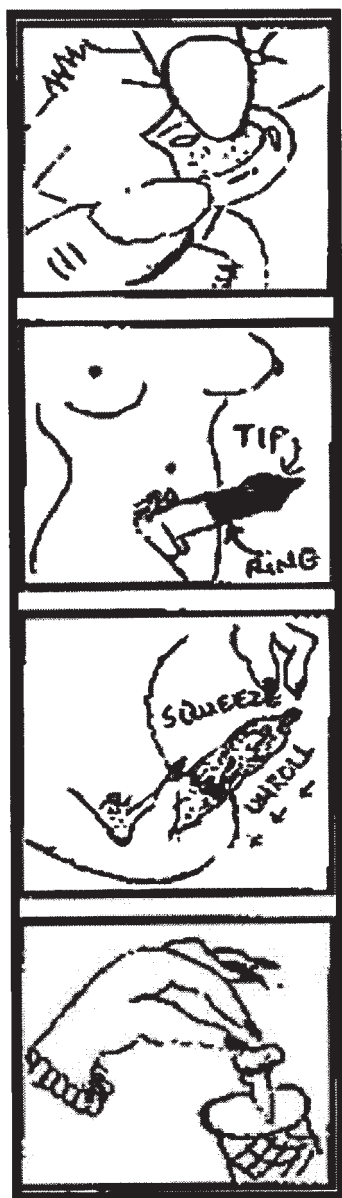
The constraints for transgender youths are even greater; often, such youths are denied the ability to change their social gender in any way within institutional settings, which may force them back into situations that can place them at great risk. There is some support for allowing transgender youths to begin the process of changing their gender; many do so without trouble.<sup>21,23</sup>

## Cultural Relevancy

Finally, health-related research, policies, and materials do not (except for rare exceptions at the expense of local agencies) mention or deal with the actual lives of transgender persons.<sup>13,14,21</sup> Simply adding transgender materials to existing materials is not enough, nor is using materials or programs originally created for other populations. Research, policies, and materials need to be culturally relevant and specific. The differences in identities, experiences, and physical form among transgender individuals relative to nontransgender populations create very different needs and strategies, and efforts must be directed toward the actual experiences of transgender people. An example of a culturally relevant educational tool with regard to prevention of HIV and other sexually transmitted diseases among transgender women is shown in Figure 1.

## Intersexed Issues

The term *intersexed* refers to people born with physical differences that will result in their being difficult to classify as either biologically male or biologically female. This condition can assume various forms and involve the structure of one's genitals, the existence or nonexistence of specific reproductive organs, and chromosomes other than XX and XY. Sometimes these physical differences are life threatening (e.g., affecting the ability to pass urine from the body) and require surgical intervention. Other times, however, the



**FIGURE 1—Phallic woman putting on a condom, an illustration from HIV prevention education material produced for distribution in New York City. This illustration was produced in-house, because such transgender-sensitive education tools are unavailable from other HIV prevention sources. (Reprinted with permission from the Gender Identity Project, New York, NY.)**

differences are aesthetic, and surgery is done so that the child can be more readily identified as either male or female.<sup>24</sup>

Today, such aesthetically motivated surgeries are the focus of criticism from many intersexed individuals. The Intersexed Society of North America (<http://www.isna.org>) was formed in response to the individual cases of trauma caused by many of these surgeries. The goals of this organization are to reform the treatment of intersexed individuals, to limit the practice of surgical interventions to those that are medically necessary, and to limit surgeries performed on children purely for the sake of aesthetics.

### ***Suggestions for Improving the Health of Transgender Individuals***

The American Public Health Association's 1999 resolution concluded by stating the need for health care providers and researchers of all types to provide transgender individuals with culturally relevant and sensitive treatment and resources<sup>1</sup>; however, it does not provide much specific guidance. In addition to the books and articles available to increase people's knowledge of transgender men and women, the following strategies can be used to begin improving the health of transgender individuals.<sup>25–27</sup>

1. Acknowledge the authenticity of transgender individuals' identities and lives in all areas (policy, research, and clinical practice). When in doubt, inquire in a respectful manner. Allow for complexities; people may not fall into neat categories. Do not become overly fixated upon the technical–medical aspects found in the *Diagnostic and Statistical Manual of Mental Disorders* or the Harry Benjamin International Gender Dysphoria Association standards of care.
2. Promote the view that discrimination and denial of services to transgender men and women will not be tolerated.
3. Allow young people some flexibility in questioning their gender identity.
4. Advocate for increased and better access to health care resources. This includes public and private third-party coverage of hormones and surgeries needed for people to change their legal sex, greater input of transgender individuals in their own care, and more education on transgender health care issues.
5. Advocate for cultural relevancy within research, policy, education and prevention programs, and direct care contexts. One strategy is to contact and develop partnerships with individuals and organizations within the local transgender community.

6. Advocate for more and better promotion of transgender-related research and for more innovation within transgender health care practices.

7. Advocate for greater awareness of intersexed individuals and against the practice of surgically altering children and infants for solely aesthetic reasons. This would include conducting more research on the effects (both short- and long-term) of medical interventions on intersexed infants and children and taking a critical stand against surgically altering children and infants purely for aesthetic reasons. □

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